Form Approved OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

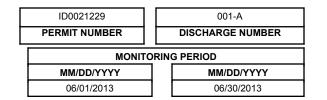
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR



DMR Mailing ZIP CODE:

83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	19.7	****	deg C		Monthly	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	*****	deg C		Monthly	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11.8	21.9	lb/d	*****	9.3	14.6	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	366	****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	*****	6.7	****	7.3	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8.2	11.7	lb/d	*****	6.3	7	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	258.75	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	4.44	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Tim Closson	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263-0229		07/09/2013
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONII	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE:

83840

MINOR

(SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		1	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.889	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	****	*****	*****	8.3	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	7.54	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.58	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	#/100mL		5 Times Every Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.341	*****	MGD	****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	< .1	< .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263-0229		07/09/2013
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: KOOTENAI-PONDERAY SEWER DISTRICT

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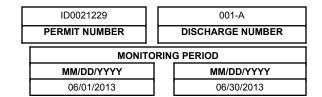
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR



DMR Mailing ZIP CODE:

83840

MINOR

(SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	97	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Tim Closson	TELEP	HONE	DATE
Tim Closson/ Operations Manager	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263-0229		07/09/2013
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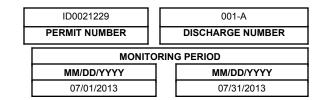
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR



DMR Mailing ZIP CODE:

83840

MINOR

(SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	23.7	****	deg C		Monthly	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	*****	deg C		Monthly	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	17.1	32.1	lb/d	*****	11.3	12.1	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	445.5	****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	****	****	*****	6.9	****	7.67	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	16.7	28.5	lb/d	*****	12.5	18	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	294.5	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.668	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

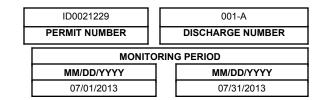
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR



DMR Mailing ZIP CODE:

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MINOR

(SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUA	NTITY OR LOADING	G		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	****	****	****	*****	.414	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	8.18	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	5.3	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	****	****	*****	5.48	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	****	****	5.03968	8	#/100mL		5 Times Every Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.3293	*****	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .1	< .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

DMR Mailing ZIP CODE:

83840

MINOR

(SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUA	NTITY OR LOADING)		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

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ID0021229	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
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WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	****				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	deg C		Monthly	RCORDE
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
ρΗ	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Tanner Weisgram	TELEP	DATE	
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KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
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08/01/2013	08/31/2013							

DMR Mailing ZIP CODE:

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MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				_
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	Tanner Weisgram	TELEP	DATE	
Tim Closson/ Operations manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-0229	09/06/2013
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229								
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY		MM/DD/YYYY						
08/01/2013 08/31/2013								

DMR Mailing ZIP CODE:

83840

MINOR

(SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.		SAMPLE	
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	UF ANALYSIS	TYPE
SAMPLE MEASUREMENT	****	****	*****	NODI C	*****	*****				
PERMIT	****	*****	*****	85	*****	*****	%		Monthly	CALCTD
REQUIREMENT				MN % RMV						
SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
PERMIT	*****	*****	*****	85	*****	*****	%		Monthly	CALCTD
REQUIREMENT				MN % RMV						
	MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT	SAMPLE ****** PERMIT REQUIREMENT SAMPLE ****** MEASUREMENT PERMIT ****** PERMIT ******	VALUE SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT SAMPLE MEASUREMENT PERMIT ****** ****** ****** ****** ******	VALUE VALUE UNITS SAMPLE MEASUREMENT ******* ******* PERMIT REQUIREMENT ****** ******* SAMPLE MEASUREMENT ******* ******* PERMIT ******* *******	VALUE VALUE UNITS VALUE SAMPLE MEASUREMENT ******* ******* NODI C PERMIT REQUIREMENT ******* ******* 85 MN % RMV SAMPLE MEASUREMENT ******* ******* NODI C PERMIT ******* ******* 85	VALUE VALUE UNITS VALUE VALUE SAMPLE MEASUREMENT ******* ******* NODI C ******* PERMIT REQUIREMENT ******* ******* 85 ******* SAMPLE MEASUREMENT ******* ******* NODI C ******* PERMIT ******* ******* 85 *******	VALUE VALUE UNITS VALUE VALUE VALUE SAMPLE MEASUREMENT ******* ******* NODI C ******* ******* PERMIT REQUIREMENT ******* ******* 85 ******* ******* SAMPLE MEASUREMENT ******* ******* NODI C ******* ******* PERMIT ******* ******* 85 ******* *******	VALUE VALUE UNITS VALUE VALUE VALUE UNITS SAMPLE MEASUREMENT ******* ******** NODI C ******** ******** ******** ******* ****	VALUE VALUE VALUE VALUE VALUE VALUE UNITS EX SAMPLE MEASUREMENT ******* ******* NODI C ******* ******* % PERMIT REQUIREMENT ******* ******* 85 ******* ******* % SAMPLE MEASUREMENT ******* NODI C ******* ******* % PERMIT ******* ******* 85 ******* %	VALUE VALUE UNITS VALUE VALUE UNITS EX OF ANALYSIS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Tanner Weisgram	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263-0229		09/06/2013
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

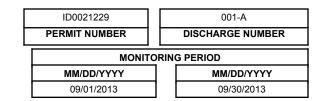
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR



DMR Mailing ZIP CODE:

83840

MINOR

(SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	19.6	*****	deg C		Monthly	RCORDR
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	deg C		Monthly	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.7	7	lb/d	*****	5.8	6	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	589	****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.1	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2.6	6.5	lb/d	*****	5.5	6	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	285	*****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.27	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Tanner Weisgram	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	11/07/2013	
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

This is a duplicate of the hard copy DMR that we sent in. Due to the shut down of the access to the NET DMR site...

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

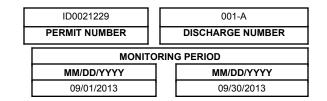
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR



DMR Mailing ZIP CODE:

83840

MINOR

(SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUA	NTITY OR LOADING	G	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.05	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.29	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	*****	****	*****	*****	2.85	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	5.9	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	****	*****	2	2	#/100mL		5 Times Every Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.32	*****	MGD	*****	*****	*****	****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .1	< .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Tanner Weisgram	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	11/07/2013	
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

This is a duplicate of the hard copy DMR that we sent in. Due to the shut down of the access to the NET DMR site...

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

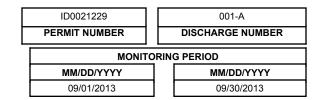
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR



DMR Mailing ZIP CODE:

83840

MINOR

(SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

	QUA	NTITY OR LOADING	}	QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE	
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
PERMIT	*****	*****	*****	85	*****	*****	%		Monthly	CALCTD
REQUIREMENT				MN % RMV						
SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	CALCTD
PERMIT	*****	*****	*****	85	*****	*****	%		Monthly	CALCTD
REQUIREMENT				MN % RMV						
	PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT	SAMPLE ****** MEASUREMENT ****** PERMIT REQUIREMENT SAMPLE ****** MEASUREMENT PERMIT ******	VALUE SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT PERMIT ****** ****** ****** ****** ******	SAMPLE ****** ****** ****** MEASUREMENT ****** ****** ****** PERMIT ****** ****** ****** SAMPLE ****** ******* ******* MEASUREMENT ******* ******* *******	VALUE VALUE UNITS VALUE	VALUE VALUE UNITS VALUE VALUE SAMPLE MEASUREMENT ******* ******* 99 ******* PERMIT REQUIREMENT ******* ******* 85 MN % RMV SAMPLE MEASUREMENT ******* ******* 98 ******* PERMIT ******* ******* 85 *******	VALUE VALUE UNITS VALUE VALUE VALUE SAMPLE MEASUREMENT ******* ******* 99 ******* ******* PERMIT REQUIREMENT ******* ******* 85	VALUE VALUE UNITS VALUE VALUE UNITS SAMPLE MEASUREMENT ******* ******* 99 ******* ******* % PERMIT REQUIREMENT ******* ******* 85	VALUE VALUE UNITS VALUE VALUE VALUE UNITS EX SAMPLE MEASUREMENT ******* ******* 99 ******* ******* % PERMIT REQUIREMENT ******* ******* 85 ******* ******* % SAMPLE MEASUREMENT ******* 98 ******* ******* % PERMIT ******* ******* 85 ******* %	VALUE VALUE UNITS VALUE VALUE UNITS EX OF ANALYSIS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and supervision in accordance with a system designed to assure that qualified personnel properly gather and supplied the information subtitled. Pleaded are yet instituted the opening are properly and the property of the p	Tanner Weisgram	TELEP	HONE	DATE
	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263-0229		11/07/2013
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

This is a duplicate of the hard copy DMR that we sent in. Due to the shut down of the access to the NET DMR site...

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

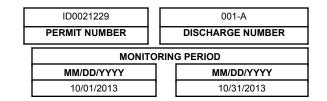
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR



DMR Mailing ZIP CODE:

P CODE: 83840

MINOR (SUBR 01)

Tanner Weisgram

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

VALUE ****** NT 12.4 NT 86 MO AVG ****** NT ******	VALUE ****** 25.4 129 WKLY AVG ****** ******	UNITS ***** ***** Ib/d Ib/d ****** ******	****** ***** ***** ***** ***** 6.8	VALUE 11.6 Req. Mon. MO AVG 10.2 30 MO AVG 447.66 Req. Mon. MO AVG	****** 12.7 45 WKLY AVG ******	deg C deg C mg/L mg/L mg/L	EX	Monthly Monthly Weekly Weekly Weekly	RCORDR RCORDR COMP-8 COMP-8
NT	25.4 25.4 129 WKLY AVG ******	***** Ib/d Ib/d ******	****** ****** ******	Req. Mon. MO AVG 10.2 30 MO AVG 447.66 Req. Mon. MO AVG	45 WKLY AVG	deg C mg/L mg/L mg/L		Monthly Weekly Weekly	COMP-8
NT 12.4 NT 86 NT MO AVG ****** NT ******	25.4 129 WKLY AVG ******	Ib/d Ib/d ******	*****	MO AVG 10.2 30 MO AVG 447.66 Req. Mon. MO AVG	12.7 45 WKLY AVG	mg/L mg/L		Weekly Weekly Weekly	COMP-8 COMP-8
NT 86 NO AVG ****** NT ******	129 WKLY AVG ******	1b/d ******	*****	30 MO AVG 447.66 Req. Mon. MO AVG	45 WKLY AVG	mg/L		Weekly Weekly	COMP-8
NT MO AVG ****** NT ******	WKLY AVG ******	*****	*****	MO AVG 447.66 Req. Mon. MO AVG	WKLY AVG	mg/L		Weekly	COMP-8
NT ******	*****	*****	*****	Req. Mon. MO AVG				·	
NT *****				MO AVG	*****	mg/L		Mandala.	
	*****	*****	6.8					Weekly	COMP-8
			0.0	*****	7.28	SU		Weekdays	GRAB
****** NT	****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
6.1 NT	10.8	lb/d	*****	5	5	mg/L		Weekly	COMP-8
NT 101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
******	*****	*****	*****	216.33	*****	mg/L		Weekly	COMP-8
****** NT	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
******	*****	*****	*****	****	26.5	mg/L		Monthly	COMP-8
****** NT	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
	NT ****** NT ******	NT ****** ****** NT ****** ******	NT	NT	NT	NT	NT	NT	NT

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the

system, or those persons directly responsible for gathering the information, the information submitted is,

to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

Tim Closson/ Operations Manager

TYPED OR PRINTED

NUMBER

(208)263-0229

AREA Code

11/04/2013

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

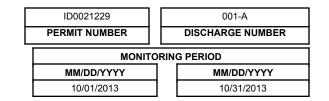
KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR



DMR Mailing ZIP CODE:

83840

MINOR

(SUBR 01) WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUA	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	****	****	****	*****	.621	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.939	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	7.25	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	6.08	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	2	2	#/100mL		5 Times Every Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.5647	*****	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	< .1	< .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Rased on my inquiry of the person or persons who manage the	Tanner Weisgram	TELEP	HONE	DATE
Tim Closson/ Operations Manager	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263-0229		11/04/2013
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MONIT	ORING PERIOD							
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY							

DMR Mailing ZIP CODE:

83840

MINOR

(SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONC	ENTRATION		NO.	· · · · · · · · · · · · · · · · · · ·	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	98	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	98	****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and supervision in accordance with a system designed to assure that qualified personnel properly gather and supplied the information subtitled. Pleaded are yet instituted the opening are properly and the property of the p	Tanner Weisgram	TELEP	HONE	DATE
	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263-0229		11/04/2013
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY